

CLAIMS ONLY						Application Number <i>10653493</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1			X				
2			X				
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21			X				
22			X				
23			X				
24			X				
25			X				
26			X				
27			X				
28			X				
29			X				
30			X				
31			X				
32			X				
33			X				
34			X				
35			X				
36			X				
37			X				
38			X				
39			X				
40			X				
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep			5				
Total Depend			15				
Total Claims			20				